

EXHIBIT A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDCOUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052024268655

CERTIFICATE OF DEATH

3202419058957

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LEONARDO		3. LAST (Family) DIAZ	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 02/08/1990	
5. AGE Yrs. 34		6. UNDER 24 HOURS Days Hours Minutes M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. DATE OF DEATH mm/dd/yyyy 12/02/2024	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. MARITAL STATUS/DECEASED (at time of death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. HOURS (24 hours) 1715	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN AMERICAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) MEXICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED EQUIPMENT MECHANIC		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MECHANIC	
19. YEARS IN OCCUPATION 2		20. DECEDENT'S RESIDENCE (Street and number, or location) 7717 S. FIGUEROA ST	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90003		24. YEARS IN COUNTY 34	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MARIA GUADALUPE DIAZ, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7717 S. FIGUEROA ST, LOS ANGELES, CA 90003		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MARIA	
29. MIDDLE GUADALUPE		30. LAST (BIRTH NAME) DIAZ	
31. NAME OF PARENT - FIRST LEONARDO		32. MIDDLE -	
33. LAST (BIRTH NAME) DIAZ		34. BIRTH STATE NAY, MX	
35. NAME OF PARENT - FIRST RAMONA		36. MIDDLE -	
37. LAST (BIRTH NAME) RAMIREZ		38. BIRTH STATE COL, MX	
39. DISPOSITION DATE mm/dd/yyyy 01/04/2025		40. PLACE OF FINAL DISPOSITION RESURRECTION CEMETERY 966 N. POTRERO GRANDE DRIVE, ROSEMEAD, CA 91770	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER JESSICA A MOLINA	
43. LICENSE NUMBER EMB9384		44. NAME OF FUNERAL ESTABLISHMENT AGAPE FUNERAL HOME	
45. LICENSE NUMBER FD1965		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 12/17/2024		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other	
49. PLACE OF DEATH STREET LOS ANGELES		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) OREGON COURT AND MAPLE AVE TORRANCE	
51. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A. MULTIPLE GUNSHOT WOUNDS		52. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> MINS 2024-18831	
53. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		54. BODYSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		56. AUTOPSY PERFORMED? (CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		58. USED IN DETERMINING CAUSE? (DT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		60. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE (A) mm/dd/yyyy (B) mm/dd/yyyy		62. INJURED AT WORK? 120. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		64. INJURY DATE mm/dd/yyyy 12/02/2024	
65. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY		66. HOURS (24 hours) 1701	
67. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY OTHER(S) DURING ENCOUNTER WITH LAW ENFORCEMENT		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
69. LOCATION OF INJURY (Street and number, or location, and city and zip) OREGON COURT AND MAPLE AVE, TORRANCE, CA 90503		70. SIGNATURE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE	
71. DATE mm/dd/yyyy 12/13/2024		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
73. STATE REGISTRAR A B C D E		74. FAX AUTH#	
75. CENSUS TRACT		76. CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

* 004546102 *

DEC 23 2024

Health Officer and Registrar VEDATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE